

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>213530282</b>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>FRIENDS OF THE DOMINICAN REPUBLIC</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>JOHN D EVANS 4512 PARK RD ALEXANDRIA, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>FAIRFAX COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2013</b></p> <p>SCC ID NO: <b>05067053</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED
CLASS	AUTHORIZED			
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4512 PARK RD</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ALEXANDRIA, VA 22312</p>				
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KATHRYN HANOWELL  TITLE: DIRECTOR  ADDRESS: 3850 GILMORE RD  CITY/ST/ZIP/CO: EVERSON, WA 98247 </td> <td style="width: 45%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KATHRYN HANOWELL TITLE: DIRECTOR ADDRESS: 3850 GILMORE RD CITY/ST/ZIP/CO: EVERSON, WA 98247	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: JOHN D EVANS TITLE: TREASURER ADDRESS: 4512 PARK RD CITY/ST/ZIP/CO: ALEXANDRIA, VA 22312	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JANICE JORGENSEN  TITLE: MEMBERSHIP  ADDRESS: 150 RIVER DRIVE  CITY/ST/ZIP/CO: HADLEY, MA 01035 </td> <td style="width: 45%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JANICE JORGENSEN TITLE: MEMBERSHIP ADDRESS: 150 RIVER DRIVE CITY/ST/ZIP/CO: HADLEY, MA 01035	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: GUY BAEHR  TITLE: DIRECTOR  ADDRESS: La Rucia  CITY/ST/ZIP/CO: Luperon, , DO </td> <td style="width: 45%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GUY BAEHR TITLE: DIRECTOR ADDRESS: La Rucia CITY/ST/ZIP/CO: Luperon, , DO	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ERIN BURKE  TITLE: DIRECTOR  ADDRESS: 8101 MEADOWBROOK RD  CITY/ST/ZIP/CO: YAKIMA, WA 98903 </td> <td style="width: 45%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ERIN BURKE TITLE: DIRECTOR ADDRESS: 8101 MEADOWBROOK RD CITY/ST/ZIP/CO: YAKIMA, WA 98903	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME:	JOHN EPLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2615 MT ST HELENS PL S		
CITY/ST/ZIP/CO:	SEATTLE, WA 98144		
NAME:	STEVE JOHNSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1320 NW 25TH TERRACE		
CITY/ST/ZIP/CO:	GAINESVILLE, FL 32605		
NAME:	LAUREN RAMSEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	13700 SIMS ROAD		
CITY/ST/ZIP/CO:	HUNTERSVILLE, NC 28078		
NAME:	JAMES SHREFLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1219 W DIXON ST		
CITY/ST/ZIP/CO:	DURANT, OK 74701		
NAME:	LEEANN WOLFE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1867 QUAIL DRIVE		
CITY/ST/ZIP/CO:	SHAKOPEE, MN 55379		
NAME:	MARK FEEDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	923 Tilden Ave		
CITY/ST/ZIP/CO:	Las Vegas, NM 87701		
NAME:	SARAH HENRY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	107 N 83rd St		
CITY/ST/ZIP/CO:	Seattle, WA 98103		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JOHN D EVANS	JOHN D EVANS, TREASURER	6/27/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			